

UNDERSTANDING, DEFINING, ENGAGING & EVALUATING SECONDARY CHILD SEXUAL ABUSE PREVENTION INTERVENTIONS

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CONTEXT

The first 2PS (Prevent & protect through support) Knowledge Transfer Workshop (KTW) was held with stakeholders on 22nd January 2024 at UWE in Bristol bringing together professionals, practitioners, academics, and policy makers from across Europe who work to prevent child sexual abuse. The KTW was the first of three that are spread across the three years of this Horizon Europe funded project and are the core dissemination and engagement activity for the project. As part of the 2PS project work package 2 (WP2) the KTW aims to create links with appropriate stakeholders and develop a stakeholder community consisting of experts and first-line responders to engage in knowledge exchange, raise awareness of prevention initiatives, and discuss best practice.

Contents

CONTEXT.....	1
WORKSHOP METHODOLOGY AND APPROACH.....	3
MAIN THEMES AND OUTCOMES.....	5
1 CONSISTENT COMMUNICATION AND SHARED VALUES	6
2 RESEARCH AND FUNDING	9
3 SERVICE ETHICS: ASSESSING RISK AND REPORTING	13
CONCLUSIONS.....	15

WORKSHOP METHODOLOGY AND APPROACH

The first workshop was focused around two key topics.

- » Current effectiveness of national and local policies and main findings from initial searches; and
- » Determining the success and efficacy of existing risk assessment tools, treatment and support programs based on their experience and knowledge.

This first event in Bristol was hit by travel complications following a weather event covering the UK and western Europe. Still, the inaugural meeting attracted 65 delegates representing 8 countries (UK, Poland, Germany, Belgium, Italy, Norway, Czech Republic, Netherlands) and covered a mix of criminal justice, university research, charity, helpline support and international agencies who work in the field of CSAE. The workshop was staged in a world café format, where the participants were split into 5 different groups, which they remained in for the full day, and a moderator went round each group leading a discussion on a topic. This meant that there were 10 topics addressed, with the moderator deepening their knowledge throughout the day, but also enabled the groups to bond, feeling better able to talk and be frank on each topic. The format for the day aimed to maximise opportunities to share knowledge and expertise across organisations and countries.

The day was divided into two sessions; the morning considered the current effectiveness of national and local policies and the main findings from initial searches. The initial project findings were presented and covered the exploratory scoping work to identify secondary prevention services across Europe and internationally, for those who have a sexual interest in children. The session continued with a series of conversations and group work activities focusing on the first 5 questions:

Current effectiveness of national and local policies

1. Identifying need and justifying resource/implementation
2. Navigating the ethics of service provision
3. National and local challenges (legal, social, political)
4. National and local good practice



5. Engaging the service user, professionals, policymakers, and the public in service development, implementation, and maintenance

The afternoon discussion covered the success and efficacy of existing risk assessment tools, and the treatment and support programmes based on delegates' experience and knowledge. Participants explored what is required to support existing gaps and needs successful prevention outcomes. The groups progressed through a series of conversations and group work activities focusing on the first 5 questions:

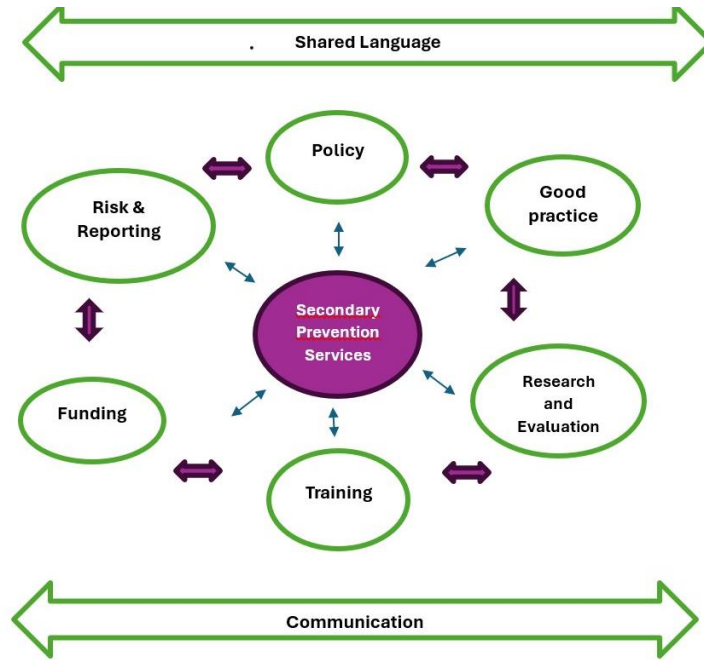
Determining the success and efficacy of existing risk assessment tools, treatment and support programs based on their experience and knowledge

6. Framing the intervention and what this means for data collection and evaluation.
7. Identifying key performance indicators & measuring success
8. Research ethics, data protection, and criminal justice interventions.
9. How do we fund and support evaluation?
10. Disseminating research findings, sharing data, and impact on policy as well as practice.

The learning that was captured on the day will be used to inform future discussions and contribute to the development of a series of practice proposals that will begin to establish an informed coherent and evidenced approach to tackling the prevention of child sexual abuse and exploitation (CSAE).

MAIN THEMES AND OUTCOMES

The questions that were considered across the day covered distinct areas; however, it was clear from the workshops that no single area could be addressed in isolation as each part impacted on the potential delivery or alignment of another (*Image below*).



The themes that emerged from the workshops crossed and interwove through the discussions and produced 3 main overarching themes. An overview of these themes will be described briefly here and picked up at future Knowledge Transfer Workshops, ultimately producing policy proposals for the prevention field of CSAE.

1 CONSISTENT COMMUNICATION AND SHARED VALUES

CSAE Prevention definitional clarity

The participants stated that there needed to be greater clarity in the way that we discuss the prevention of CSAE, especially secondary prevention with at risk groups, because of confusion with primary prevention. This lack of clarity led the participants to say that the prevention message was getting lost and that it could result in a lack of policy maker engagement, funding challenges and confused messaging for professionals and service users. The professionals agreed that a clear, agreed definition would result in a more streamlined, fit-for-purpose approach to the prevention of CSAE, and could result in the development of national and international, as well as transnational, strategies, and policies.

The participants felt that need for shared language and definitions also reinforced the need for shared values, shared outcomes, and a shared, comprehensive evaluation framework. The participants stated that the evaluation framework, measures, and outcomes for secondary prevention initiatives were weak and underdeveloped, with a shared vision of the field leading to a better and more comprehensive evidence base. The need for a stronger evidence base for secondary prevention was discussed across the day and was a central plank of the event, but the need for shared language and clarity felt like the appropriate starting point for this debate. Interestingly, this raises additional questions about the state of the CSAE prevention field as the definition of secondary prevention has been discussed for well over two decades now and currently professionals are still unclear about it, suggesting that the debate may not be as far forward as we suspected.

CSA Prevention as a multi-agency issue

Building on the need for shared language and professional clarity, the participants emphasized that the prevention of CSAE was a multi-agency partnership issue and needed buy in from a range of stakeholders. The participants did not believe that CSAE could be prevented by one organisation or agency, therefore in developing shared and common language it was important that this was co-created by all relevant agencies. The participants felt that the biggest gap in shared values and learning was between policymakers and frontline professionals, stating that policy makers both locally and

nationally needed to invest more time, resource, and finances into CSAE prevention. The participants felt that for secondary prevention to be successful policy makers needed to commit to it and relevant initiatives providing medium to long term funding and engagement commitments. The participants felt that policy makers also needed to play a key role in defining what the prevention evidence base and success criteria looked like, especially if they were commissioning secondary prevention services. This was important given that in different countries the responsibilities for managing the prevention of CSA falls under different government, private and public sector organisations sometimes rooted in health, public health, criminal justice, and/or social care. Which means different framing and different social agendas, which can make collaboration and partnership challenging.

Societal & community discussions of CSAE prevention

The participants also felt that the need for clear messaging and definitions also leant into the public, social, and community discussion of the secondary prevention of CSAE. The participants argued that there needed to be better social discussion of the reality of CSAE prevention, that child sexual abuse can be prevented, especially with at risk populations, and how this tied to media engagement. All the participants felt that the media, especially the press, could do more to develop a socially informed prevention conversation and that professionals had a role in prompting them to do so. It was felt that professionals should lead the debate around secondary prevention in society and work with well meaning, well informed, receptive partners. The participants felt that more resources needed to be put into broadening the CSA prevention message in society but recognised that this was challenging given the nature of the topic and the current socio-political climate. The participants recognised that upskilling individuals and communities was the only way to make sure that the secondary prevention of CSA was on the political agenda. Which led to a recognition that professionals and policy makers had to think outside of the box regarding communication around CSAE prevention as the current messages and means of distribution had reached saturation point; although participants were not able to suggest new ways of communication, they committed to being open minded in their approach moving forward.

Framing the public health message

The participants stated that the biggest challenge that they faced in the secondary prevention of CSAE was the development of and social engagement with the public health approach. The participants felt that more work needed to be done to clarify and justify why a public health approach was needed in

the prevention of CSAE, and why this would be productive and useful. The participants stated that there needed to be recognition that a public health and criminal justice approach (Epi Crim) was more productive to the prevention of CSAE than a criminal justice only approach. The participants recognised that a public health approach was a radical departure for some, especially public and policy makers, and that having a clear definition and strong communication was essential to embedding it in child abuse prevention.

2 RESEARCH AND FUNDING

The challenge of the secondary prevention evidence base

The participants acknowledged that the research evidence base for CSA prevention, especially secondary prevention, was not strong and, at times, limited professional and policy maker engagement with the topic. They felt that there needed to be more funded academic studies on CSAE secondary prevention, and that evaluation needed to be built into all existing and new prevention initiatives. Currently, the professionals felt that research and evaluation was a last-minute bolt on, or after thought. The participants stated that the nature of current secondary prevention initiatives (i.e., bespoke, organisationally tailored, short term, small scale, professionally driven, and not fully costed) made evaluation challenging and meant that there were a lot of interventions based around different professional, practice, and evaluation frameworks that were not comparable. This resulted in the participants stressing that there needed to be a clear evaluation framework for secondary prevention initiatives and core criteria for what success looks like.

Building on this, and the last theme, professionals felt that research could be more innovative and use different methodologies rooted in public health and health systems, which meant reconceptualising the effectiveness of current criminal justice-oriented effectiveness outcome measures. As the current research measures are not helping the development of the prevention evidence base and therefore its important to look at other approaches and develop fit-for-purpose Key Performance Indicators (KPIs). The development of KPIs raised questions concerning what an intervention was delivering, by which organisation, for whom, and what the specific outcomes were trying to pursue/impact, as all of these factors would influence the research tools and evaluation methods.

The challenges of the research population (the service user)

The participants felt that the nature of secondary prevention in CSAE posed real challenges for evaluation, as the people we are trying to reach and engage with wanted to remain anonymous. This was particularly challenging for online interventions where you could not track the service user. The participants suggested basic evaluation tools (i.e., counting how often the service was accessed,

completion rates, discussion in relevant chat rooms, etc) but recognised that these were not rigorous enough, and presented real challenges. The participants felt that we needed to better understand how to ethically and responsibly conduct research with at-risk populations that resulted in a broad, yet nuanced, understanding of said population that was more than just engaging with the lower risk or less problematic members.

Key Performance Indicators (KPIs) for secondary prevention of CSAE

The participants felt that the current criminal justice framing of CSAE prevention was not helpful in designing and carrying out research into the secondary prevention measures. The participants stated that many criminal justice success measures were oriented around arrest, prosecution, breach, recall, and reducing reoffending. The participants felt that KPIs need to reflect preventing first time offending and harm reduction pathways, therefore being more in line with desistance theory and practice. However, they recognized that this was challenging and that criminal justice interventions, especially in respect to sexual abuse and interpersonal violence, did not have clear harm reduction narratives, frameless and evaluation tools. Which led the participants to reaffirm the need to look outside of the fields of sexual abuse and criminal justice for better defined evaluation tools and KPIs. Some participants felt strongly that secondary prevention KPIs need to be firmly rooted in health and psychological frames that talk to health, wellbeing, and cognitive behaviour change, which reinforced the need to reframe and embrace a public health model.

The participants stated that it was important to understand the limits around KPIs in a field with such service user uncertainty, poor engagement, and a lot of ethical challenges. The participants indicated that traditional KPIs might not work here, and that it would be important to understand service user engagement and motivation from a different perspective, although they were not sure what this was and felt that it needed further development. One aspect of understanding service user engagement and motivation, which was discussed a lot was the accessibility of any resource, either online or offline, and how the potential service user understood the material. The participants felt that it was important that any intervention or resource should be identifiable to potential service users, they should see its relevance for them and that it should be clear what the access criteria, if any, are. This was important to the professionals as currently one of the main KPI's was how often interventions were accessed and used by service users; however, the participants argued that this as a very crude

and somewhat useless measure as it does not consider why the users access the service, their experiences of engaging with it, or its impact upon them afterwards. In addition, the participants felt

that this measure could give a false positive, in that simply highlighting how many people access a service may not correlate to how they benefit from it and therefore might make it seem to be more successful than it is. Participants felt that KPIs should be more than service user engagement, motivation, and desistance; they argued that cost-effective, capacity for future funding, and alignment to policy/commissioning guidance should be KPIs as well. The participants argued that research and evaluation needed to be as much about theory, practice, and policy development as service delivery as well as impact.

The participants also felt that staff training, staff development, and staff support needed to be KPIs too. They felt that, in line with a current move towards trauma informed practice, staff need to be better supported in working in this challenging field and with this challenging, and potentially traumatizing population. They felt that currently staff investment and support was an afterthought and if society wanted to more effectively prevent CSAE we need to take it more seriously and listen to as well as invest in staff.

Funding CSA prevention initiatives & evaluation

The participants believed that the funding landscape in preventing and responding to CSAE was difficult to navigate and often funding calls and commissioning cycles were short in terms of time needed to respond. They felt that funding was short term and never really allowed interventions to develop or grow, often the funding was for a pilot study that then never received follow on funding or support. The short-term nature of prevention funding cycles damaged the development of interventions, innovations in the fields, and limited the evidence based, which led participants to state that a change in the nature and structure for funding could improve the prevention evidence base and make it better suited to policy and practice development.

The funding landscape was particularly challenging for small scale providers who often did not have the time or capacity to apply for external funding, which meant that their initiatives often took second place to those of bigger charities or organizations. Additionally, a lot of providers were not sure which funding or commissioning calls were best for them, how to write to the brief, or even what the

fundings wanted to commission. The lack of clarity and communication in the field around secondary CSAE prevention often meant that funding calls were complicated or too vague, neither of which helped professionals when applying. This led to participants calling for a centralized space, such as a database of funders, as it could improve the accessibility and knowledge of funding streams.

3 SERVICE ETHICS: ASSESSING RISK AND REPORTING

Understanding ethics in an evolving policy, practice, and social area

The participants felt that policy makers and governments were more risk averse when it came to the ethics of secondary prevention of CSAE, often being concerned about public and societal reaction to the development and roll out of these initiatives. Additionally, participants were concerned about the changing nature of CSA and what this means for prevention especially around the online environment, AI, and social media. The participants empathised with the difficult position that policy makers and government representatives are in but felt that they needed to be braver and that it was up to frontline professionals to support. The participants, again, stated that the poor evidence base on secondary prevention did not help to reassure policy makers and governments in funding, developing, and sustaining secondary prevention interventions.

Challenges of reporting & disclosure

The main challenge that the participants discussed was that of reporting disclosures from service users of a sexual interest in children, their potential desire to offend against a child, or the fact that they had. This was challenging on many levels as it often highlighted a discussion of national legal frameworks, governance policies, professional practice and standards, criminal accountability, and the client-patient relationship. The participants were divided around this topic with some feeling that reporting was essential and required, whereas others felt that it needed to be on a case-by-case level and rooted in the therapeutic relationship. In discussing this we saw that the role/job that the participant had and the country that they worked in greatly influence their opinion and decision making around it. All the participants agreed that the most important ethical consideration was harm reduction and preventing the sexual abuse of children, but they often felt that there was a range of ways to support the service user in doing this. Currently, there is no standardised practice across Europe on reporting and disclosure of sexual interest in children or even disclosure of risk and offending behaviour, which reinforces the need for clarity and communication around secondary prevention but also feeds into debates around the coherence of the evidence base.

Understanding risk and risk assessment

The participants discussed the challenges of understanding the risk posed by people who would access and use secondary prevention services, especially across professions and across countries. The participants stated that they did not feel that there was a shared vision of risk and risk management across professions, which they saw as a real barrier to prevention as different organizations have different risk thresholds. This led participants to state that there needed to be a closer and better framed shared vision of risk, risk thresholds, and what are points of intervention/support as opposed to points of punishment. The participants stated that we needed to think outside of the box about this, and that a public health framing could help with that. The participants felt that partnership working would help all relevant organizations level up and develop parity around risk assessment, risk management, and risk prevention.

CONCLUSIONS

The first 2PS workshop was a great success and solidified the importance of the project. The workshop emphasized the importance of professional engagement, communication, sharing good practice and collaboration in the secondary prevention of CSAE. The workshop allowed the 2PS project to emphasize the future direction of travel of the project while taking stock of where it's currently.

The main points that the workshop states that need to be considered in moving forward are:

- » The need for a defined and robust framework around the prevention of CSAE, especially in respect to secondary prevention with at risk groups.
- » More evaluation on secondary prevention of CSAE to develop a robust evidence base that allows professionals and policy makers to better understand 'what works' and to better justify funding and service commissioning.
- » A common language to ensure consistency and coherence on the secondary prevention of CSAE within a public health framework and embed a change in the policy, practice and research narratives.
- » Developing better communication between service providers, policy makers and academics to share knowledge and establish good practice.
- » Develop better staff training and knowledge on balancing risk with desistence strategies.
- » The importance of improving the public narrative on the secondary prevention of CSAE, especially through the media/press, and the role of professionals in doing this.